



Introduction

Whose Shoes? Is an engagement and coproduction tool, to facilitate hearing the voices of many stakeholders involved in maternity and neonatal services. With a board game, scenarios and poems prompt participants and allow safe and enriching conversation. Croydon has previously participated, using both the generic cards pertaining to maternity experiences broadly, and participated in creating new scenario cards pertaining to the experiences of black and ethnically minoritised service users. With access to the expansion packs, Croydon decided to hold an event focusing on the experiences of neonatal service users and staff, which is included as a part of the “Nobody’s Patient” pack. Information and feedback gathered throughout the event will guide quality improvement for maternity and neonatal services.

Invitations to the event were sent widely to the community, hospital staff, and local organisations and charities. As the event was held during the week day, this did impact ability for some attendees, who were restricted by work commitments. Even so, there was a wide representation for the various sectors, allowing for varied and impactful conversation throughout the event.



Overview of the day:

The event was well attended with a mixture of stakeholders.

In total, we had 30 participants, from a variety of services and perspectives.

Stakeholders included: service users, Croydon University Hospital midwifery staff, student midwives, neonatal nurses, Ickle Pickle Charity support staff, Bliss support worker, the Croydon MNVP (co-chairs, engagement pledge lead, and social media lead), Croydon BME Forum lead,



Croydon Family Hubs Infant Feeding and Early Years leads, academic researcher, Baby Buddy App representative, Happy Baby Community Doulas, and ICB staff.

The day started with an introduction by Madeline Lenchner (Maternity Core Connector, SWL ICB), welcoming and thanking participants.

A presentation was given by Julie Voong (Head of Peer Support, Ickle Pickles), explaining the ongoing work of the charity with Neonatal units and describing her own experiences as a Neonatal parent.

Gill Phillips (Creator, *Whose Shoes?*), gave a presentation on the background of *Whose Shoes?* and then the games began!

Discussions at each table varied widely. Some of the key topics discussed included Infant feeding (especially while navigating neonatal services), the physical and emotional needs of parents, education and coaching parents (including antenatal provisions), listening and being heard, the needs and support of staff, staff training, practical needs of parents, language use, transitional care, and improved care for babies. A full list of all contributions by participants is provided below, organised by general theme. These were the Post-its handed to Anna Geyer (Director, New Possibilities), to create the 'Neonatal Voices Matter' Visual Minutes, depicted at the top of this document.

Following the game, lunch was held, this was followed by an overview of the visual minutes by Anna Geyer. Finally, participants wrote and shared some of their pledges as take-aways from the event. 20 pledges were made and shared in total. Sophy from Happy Baby Community, pledged to "find out who decides that birth partners/doulas cannot go to theatre for spinal anaesthetic procedures/c-sections at CUH." The Director of Midwifery responded to this pledge and identified the key people to coordinate with to ensure all birthing people are allowed to be accompanied for procedures. They agreed to follow up on this pledge, to be sure all future anaesthetic procedures are given options to be accompanied by a birthing partner or doula. All pledges are included in the 'Pledges' section below and will be followed up with the MNVP chairs as a part of their ongoing work.





Pledges:

All of the pledges are transcribed below, illustrating the varied and important commitments made by attendees as a result of the event.

- “To be more aware and sensitive to the experiences and feelings of patients and families around childbirth”
- “I pledge to support the trust to secure funding for parental housing for example contacting Ronald McDonald House”
- “To acknowledge and value each story; to collate stories to advocate and achieve change in systems that feel insurmountable”
- “Using some bits of the game and incorporating them into presentations or trainings we give to healthcare professionals. Parental involvement should drive everything that we do”
- “To make the neonatal journey more individualised for families - acting on their feedback and delivering the care they so deserve, with them taking the lead in creating a better improved partnership within neonatal care services”
- “To be a driver of the change communicated by the service user and team”
- “To Co-produce ‘yes I can’ leaflet for parents to encourage them to care for their baby. Policy so parents are given three days stay if their baby is admitted to the SCBU before being discharged”
- “To continue to do better joint up working. To promote services on family hubs Instagram. To encourage choice for families. Being the voice of families that are not able to.”
- “To have a leaflet or some sort of resource available with various support in the community that parents can contact after discharge, for example breastfeeding, baby physio groups, speech and language support, support for babies on NG tube feeding, etc. Parents would like this before discharge”
- “Embedded trauma informed care within neonatal and maternity services”
- “Speak up more for the parents on neonatal transition team to join the MNVP. Making sure that dads are included more in the care”
- “To provide individualised care, ensuring equality to and for service provision. Equity access to services, hearing the voices of the seldom hear”



- “Improve and expand infant feeding services with the unit to increase visibility and improve experience”
- “To find out who decides what birth partner or doula cannot go into theatre for spinal anaesthetic pre C-section at CUH”
- “Find the ‘Fab NHS stuff’ website and add some SANDs and NBCP (national bereavement care pathway) resources to it”
- “To be able to provide more support for the parents, especially first time parents where babies have been born too early”
- “To have a discussion with the women I support about the role of the midwife and the constraints they have. To create understanding of how it feels on the other side. I also want to bring more feeding education - antenatally into Happy Baby Community”
- “Yes you can! Today is my day to see and seize my greatness and help others to do the same. I am creating solutions”
- “I will make sure that I always act on feedback given by service users with meaningful solutions”
- “To grow Croydon MNVPs social media presence especially including and encouraging hard to reach groups. Get everyone to like us and follow us on Instagram and Facebook so get on your socials”





(First photograph: Several of the Croydon University Hospital midwifery staff, alongside Gill Phillips; Second photograph: The Croydon MNVP, along with Madeline Lenchner, Anna Geyer, and Gill Phillips)

Themes from submitted post-it notes:

Below we have transcribed the post-its representing attendees' views. These have been categorised according to emerged themes. There is a lot of overlap across the themes, many of which are interdependent. However, the most prevalent themes were listening to patients and families, the needs of staff, and providing trauma-informed and person-centred care. This highlights an interest in improving the way we interact and communicate both between staff and with patients and families. Please note, these are verbatim transcriptions, which may include abbreviations or grammatical errors to stay true to how they were written.

Emerging Themes	Number
Listening	19
Physical and emotional needs of parents	17
Trauma-Informed and person-centred care	16
Needs of Staff	15
Educating and Coaching parents	11
Reflective and practical-thinking about the service	9
Transition to NICU	5
Infant Feeding	3
Staff Engagement	3
Improving care for babies	3



Language	3
Refugees and Asylum Seekers	1

Infant feeding

- Evaluation of infant feeding integrated care- continuity of care – engagement
- Expert infant feeding support
- Prioritising infant feeding

Physical and emotional needs of parents

- Parents feeling hopeless, inadequate, less than able to care for their baby
- Neonatal team - they do prioritise mum's well-being as well as babies
- Quiet time it's good and staff helped by enforcing it
- Support with expressing - Take care of yourself - Inclusive support from partners
- App to order food and being when to come and eat
- Parental guilt if one baby is OK and one is in neonatal- how can they meet the needs of both babies?
- There is no one way to bond with your baby
- Elevation of parental guilt
- Ronald McDonald housing for parents
- Family rooms - very important in hospitals, many parents travel, guilt leaving
- Let's talk about guilt
- Support women/people to empower them to feel confident
- Less" tough love"
- Who provides postnatal care to neonatal parents? neonatal nurses are not midwives
- Peer support is important
- It is OK to feel guilty- separation from babies
- You prepare so much love in your head for your baby

Educating & coaching parents

- Antenatal classes - emphasis on skin to skin with mum if not dad
- Inform parents antenatally of what to expect emotionally postnatal. Not just preparing them for birth
- Parent education - seeking to answer the questions that parents are actually asking
- Support to guide parents to bond with their baby (holding, touching, talking, singing)
- Nurses as parents coach
- Use waiting times (screens etc) to share key info (captive audience)
- More information -what is an induction (you can't ask questions to a fact sheet)
- Knowledge is power, access to education beforehand
- The process needs to be explained - what should we expect?
- Help parents to adopt a “yes I can” attitude towards looking after their baby
- Co-sleeping, understanding reality over telling from an “expert” point of view



Refugee and asylum seekers

- No recourse to public funds, we need help too. Language = she will go home. How? If no £!

Listening

- Listening- older midwife from my own culture reassured that I couldn't be in advanced labour then I was rushed through to labour room
- Advocating for kindness and compassion in maternity care
- Compassion
- Hearing from mothers stories
- Pathway to allow "peer provider" feedback on bedside manner
- Speaking truth to power
- Responsive to feedback - this is recognised at Croydon by peer supporters
- Being responsive to service user feedback
- Planning includes all interested parties
- Reading notes properly before seeing patients
- NHS doula should have a voice, they have inside information too
- Handover between staff so parents don't need to keep telling the same story over and over again
- Active listening, to truly empower the woman/family/service user - they need to be heard
- Ward round please include us as a whole
- Assumptions - question what you're told - always communicate
- Communication - remember both mum/dad/family network are part of the journey
- Hearing the voice of the service user
- Know your patient - staff should understand the journey of the family before neonatal journey
- Listening - ask questions

Needs of staff

- Pastoral care for midwives
- Staff- we are human too we can empathise and sympathise with families we feel sad too
- Mental health it can feel heavy on the ward
- Making yourself small in a space occupied by so many others
- Setting boundaries for yourself
- Support others by telling them how to support you
- Be specific about your needs
- Support for staff - staff supporting parents but who cares for emotional well-being of staff?
- Workforce wellbeing - burnout impacts care and experience of service user
- Pastoral support
- Compassion fatigue
- Emotions from staff help patients to feel safe and seen
- Staff – quality, well trained - not just numbers
- Can kindness, compassion and empathy be taught?



- At what point is emotional intelligence taught? Can it even be taught?

Staff engagement

- How can you encourage staff who don't want to come to days like this to come
- More doctor involvement in these events
- Are we creating opportunities to link staff + management

Reflective and practical – thinking about the service

- What is the role of gender in this
- Meaning of/approach to pregnancy loss as part of cohort of pregnant women - reentry? Whose responsibility?
- Flow of people + food - What can we restructure?
- Continuity of information - don't just rely on parents to provide this
- Why are families not accessing available services
- IT interoperability share notes across levels, wards, hospitals
- Not enough space for parents to stay with their baby
- Visiting hours that allow babies to see ill mum - risks?
- Clearer pathway for NICU mums

Transitions

- Transfer out of NICU is also high stress/intense - nursing is reassuring - transition to paed's could be prepared for
- Smooth transition between different clinical areas
- Parents - give them an adjustment time before being discharged and leaving their baby in neonatal care (two to three days)
- Staff handover - delay in transferring mum to NICU to visit baby, better communication to mums and dads, better delegation to other staff ie SSW to help
- More investment to create joined up postnatal maternity and NNU ward

Improving care for babies

- Cold baby- skin to skin- breastfeeding- promoting skin to skin with dads
- What do the babies need - quiet - rest - uninterrupted
- Twins sometimes booked appointments on different days

Language

- Leave behind terms like normal healthy and unhealthy
- The words we speak become the house we live in. This is especially relevant for HCPS and maternity care
- Being mindful of language used

Trauma-informed & person-centred care

- Difference between “allowed” and encouraged/supported?
- Unconscious bias in care - fear mistaken for aggression
- How to professionally discuss risk as a conversation
- Model the calm in challenging situations



- When does fear look like anger?
- Empathy
- Empowering staff to be flexible for patient centeredness
- Trauma informed care, empathy versus sympathy
- Psychological safety - the service users should feel safe to speak up
- Equity to access services: welcome, inclusivity, personalised care
- Clear communication and individualised care
- Not everyone's the same
- There is no right way to experience this journey
- Individual needs and choices- support people to do this
- Practice is changing - we support families with their choices. Fed is best!
- Access to information not always equitable

